

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.	3				
TOTAL DEP.	27	↔	↓	↔	↓
TOTAL CLAIMS	30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.				↔	↓			
TOTAL DEP.				↔	↓			
TOTAL CLAIMS				↔	↓			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS